

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. _____
 Permit No. _____
 Basin. **φ70**

NOTICE OF INTENT NO. **59144**

1. OWNER **Model T Casino** ADDRESS AT WELL LOCATION **1130 W. Winnemucca**
 MAILING ADDRESS **1130 W. Winnemucca Blvd Bldg Model T Casino, Winnemucca, NV**
 2. LOCATION **SE 1/4, SW 1/4 Sec. 30 T 36 Q/S R 38 E Humboldt** County
 PERMIT NO. **Fac# ID 5-000114** Parcel No. **015-282-09** Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other **H.S.A.**

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-------------------------|--------------|--------|--------|------------|
| Asphalt | | 0 | 2" | 2" |
| Road base sand + gravel | | 2" | 1 1/2' | 16" |
| Silty sand tan | 17' | 1 1/2' | 43' | 4 1/2' |
| NAD 83 | | | | |
| Easting 2856375.04 | | | | |
| Northing 15387229.86 | | | | |
| N 40.964463 | | | | |
| W 17.743342 NAD 83 | | | | |
| ASP-2 | | | | |

8. WELL CONSTRUCTION
 Depth Drilled **43** Feet Depth Cased **43** Feet

HOLE DIAMETER (BIT SIZE)
 From **8 1/2** Inches To **43'** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| 3/4" | | Sch 40 | 0 | 41' |

Perforations:
 Type perforation **Factory slot**
 Size perforation **.020**
 From **41'** feet to **43** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **35'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No **40' - 35 Bentonite chips**
 From **43** feet to **40'** feet

9. WATER LEVEL
 Static water level **17'** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **85°** F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Haz-Tech Drilling Inc.**
 Address **P.O. Box 940**
Meridian, ID 83642
 Nevada contractor's license number **0038018**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-2188**
 Signed **Mabe**
 By driller performing actual drilling on site or contractor
 Date **5-15-08**

Date started **5-15**, 20**08**
 Date completed **5-15**, 20**08**

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|---|--------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | | | |
| | | | |